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ABSTRACT

Inability to learn to read is the major reason students fail or experience learning problems in their early school years. In an effort to solve the problem, the Glenwood, Minnesota, school district has developed an identification/intervention program entitled "The Prevention of Early Reading Casualties" (PERC) to prevent academic failure in kindergarten through second grade children. The project objectives focus on how best to diagnose the learner's instructional needs, how the teacher can be better trained to meet student needs, and how the learning environment can be organized to facilitate a diagnostic-prescriptive instructional program. The major goal is to have children reading at their appropriate level by the end of third grade. The four program components are: (1) screening/identification, (2) diagnostic assessment/prescription, (3) instructional program/prereading and reading, and (4) classroom environment/management. Each of these four areas includes a series of specific performance objectives. The typical PERC classroom has a group listening station, individual listening centers for specific lessons, independent work centers, a library center, and three groups of children all working on basic reading instruction at the same time. (HTH)

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The reading program in the Glenwood school district is built upon the principles of mastery learning and continuous progress for each child. Inservice training helps teachers develop competencies in identifying instructional levels, teaching for appropriate mastery, providing for continuous progress, evaluating pupil learning, and record-keeping procedures.

Inability to learn to read is the major reason students fail or experience learning problems in their early school years. In an effort to solve the problem the Glenwood school district submitted a proposal for Title VII funds under the Reading Improvement Act. A two-year grant totalling $37,146 was awarded for the project years 1977-79.

The Glenwood project entitled "The Prevention of Early Reading Casualties" (PERC) is adapted from "The Early Childhood Prevention Curriculum" (ECPC) project of the Dade County Public Schools, Miami, Florida which was validated in 1973 and became a National Demonstration Center during 1973-75.

The purpose of the Glenwood PERC project is to develop an early identification/intervention program in grade K-2 to prevent academic failure for those children having normal learning capacity, but who are deficient in perceptual skills, concept development, and/or oral language, and to improve staff competencies in a program which embodies a diagnostic prescriptive approach. The program is made an integral part of the total reading curriculum.

The project objectives focus (1) on the learner: How best to diagnose his instructional needs, (2) the teacher: How he/she can be better trained to meet students needs, and (3) the learning environment: How it can be organized to facilitate a diagnostic - prescriptive instructional program.

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The major goal is to have the children reading at their appropriate level by the end of grade 3.

Other benefits of the program include the social and emotional advantages for children who will now be permitted a positive self-image about their learning successes, a classroom environment that facilitates individualized instruction, and further refinement of the LEA's comprehensive reading program.

Most academic dropouts aren't born, they're made - and usually the making starts in the early school years when children fall behind in reading. The story about Andy will describe the diagnostic - prescriptive approach that seeks to identify and help "high risk" first graders before they run into trouble.

Andy was certainly bright enough. He followed directions like a dream, got along well with other first-graders in his class and positively sparkled during show and tell. For those first few weeks of the school year at least, Andy had it all together.

Then it all started to come unstuck. Try as he might, Andy simply could not keep up with his classmates in reading. While the other children progressed from simple words to simple sentences, he continued to struggle with beginning sounds. By the end of the year, he was frustrated, baffled, discouraged and doomed to spend another year in first grade. Andy - the kid who had it all together - was a pronounced failure before he'd even had a chance to take more than a few steps.

Andy's case, of course, is anything but rare. Indeed, the highest rate of failure in the elementary grades occurs in first grade as a result of an inability to learn to read. And for every child who does fail first grade, there are perhaps several more who just scrape through and who may face severe learning problems in later years simply because they never really mastered the basics of reading. It may sound like the wildest sort of exaggeration to say that most of tomorrow's dropouts began their downward paths in today's first grades, but it's probably more true than not.

What to do about the problem, though? Making a child repeat first grade so that he can learn to read all over again is no answer at all - unless, of course, we find out why he failed to learn in the first place and then take steps to make sure it doesn't happen again. And even that's not a very good answer, because, like it or not, we're telling the child he's a failure and doesn't belong in second grade with his classmates. Scenes like that can do tremendous damage to a child's self-image.

Obviously, the only real solution to the problem is an approach which identifies first-graders' prereading deficiencies early in the year and clears them up before the end of the year.

In formal terms it is: a "diagnostic-prescriptive approach to educating high-risk children at the beginning of the year before the failure cycle/syndrome begins." The program begins very early in the school year - usually, by the end of the second week, with a general screening of all first-grade children. The purpose is to identify those high-risk children who, in all probability, will experience difficulty in reading.

The 4 program components and a brief description of each is as follows:

1. Screening/identification -

All children entering first grade in a school are tested with Clymer-Barrett Prereading Battery and Cognitive Abilities Test (Thorndike, Hagen, Lorge). The premise is that student success in a beginning reading involves a combination of the perceptual readiness and thinking skills measured by both of these tests. Multiplication of stanine scores of both tests yields a stanine factor range of 1-81. High risk children are identified from the 6-35 factor range for inclusion in the diagnostic-prescriptive program. However, any child is included in the program if deficits are indicated.

2. Diagnostic assessment-prescription -

Diagnosis of learning needs and styles is accomplished with the ECPC developed prereading assessment battery. Pre-reading perceptual skills in the visual, auditory,

sequencing, and memory and perceptual motor areas are tested, results are recorded on group profile charts, and appropriate instruction prescribed to help children develop needed skills. The Assessment Battery is administered to children in grade 1, by mid-September and to the Kindergarten children in early November.

3. Instructional program: prereading and reading -

The PERC program provides for instruction within the regular classroom setting and is made an integral part of the total reading curriculum. The development of language and beginning reading skills are high priority goals. Prereading assessment plays an essential role because it identifies learning strengths as well as learning needs. Reading instruction begins early in the year because it is adapted to the students perceptual functioning level.

4. Classroom environment/management -

Learning centers facilitate independent and supervised small group and individual learning activities. The children move in a patterned flow from teacher center to aide directed skills center, to listening station, to independent activities in self-assured fashion. Instructional materials are coded and stored for easy accessibility to teacher, aide, and children. Positive guidance and independent work with self-correcting instructional materials increase each child's motivation to learn.

Following the initial screening/identification process the actual zeroing in is accomplished with the prereading assessment tests which cover four general areas of prereading perceptual skills:

--Visual perception skills--the ability to see letters or words as being the same or different and the ability to associate a letter symbol with its related sound.

--Auditory perception skills--the ability to hear sounds or words as being the same or different and the ability to associate a sound with its related letter symbol.

--Visual-auditory sequencing and memory--the ability to respond to differences in letter order or sound sequences within words (e.g., pot and top).

--Perceptual-motor--the ability to reproduce a copy of a simple design, letter or word.

Each of these four areas includes a series of specific performance objectives (e.g., the ability to identify words with similar final sounds, the ability to copy letter forms, etc.). There are 12 objectives listed for visual perception; 10 for auditory perception; 11 for visual-auditory sequencing and memory; and seven for perceptual-motor. And to refine the assessment process even further, all tests are presented at three levels of difficulty.

These tests, of course, take the guesswork out of diagnosing prereading problems. Not only does the teacher know precisely where the high-risk child is experiencing difficulty, she also has a pretty good idea of the degree of his difficulty.

To make things easier all around, a simple three-unit code is used to identify prereading problems and the appropriate preventive work. The code goes like this:

1. A letter (V, A, SM or PM) represents the skill area.
2. A numeral after the letter (V-1) indicates the level of difficulty.
3. A decimal-place numeral (V-1.2) indicates the specific performance objective.

Thus, V-1.2 refers to the second performance objective - the ability to match letters with differences in form - at the level of least difficulty in the visual perception skills area. The high-risk child who fails to master V-1.2 in his prereading assessment obviously needs more work in recognizing letter shapes and sizes.

The teacher, for her part, has only to look under V-1.2 in her catalog of instructional resources to find the activities, games, worksheets, manipulative devices, cassettes, whatever, which are designed to remedy this particular problem.

On the face of it, the program may appear to be one of those complicated,

convoluted programs, high on educational theory, low on practical application. How else to describe a program that features 40 performance objectives, three levels of difficulty, its own decimal system and a coded catalog of resources?

In actual practice, however, the program is rather easily administered - at least, as far as teachers are concerned. To see just how simple and straightforward it all is, let's go back to Andy, the first-grader (at the beginning of this article) who had so much trouble with initial sounds. This time, though, let's write a success story for him - the kind of success story he might have enjoyed had he been involved in the PERC program.

Andy's classroom teacher is quickly alerted to the fact that he's a high risk pupil when he scores a stanine factor of 21 in the two standardized tests given to all first-graders. She can ignore his facility in following directions and his brilliance in show and tell. That stanine factor points just one way: straight into the program, and he takes tests for all 40 performance objectives.

Although the tests are different in content, they are all similar in form and are administered in the same way. Andy is given a four-page booklet containing all of the tests on a given level of difficulty. (There are, of course, three such booklets, one for each level.) With each test, he listens to the preliminary instructions, completes two or more test samples and then answers teacher's questions on his test sheet. All of the tests - with the exception of the perceptual-motor tests, which require a child to copy geometric shapes, letters and words - consist of multiple choice questions which are answered by circling the appropriate answer.

Once Andy's particular problem is known, his teacher turns to her Catalogue of Instructional Resources (compiled by ECPC and revised by Glenwood PERC) and looks up all the prescriptive materials listed under A-2.2. There are, as a matter of fact, nearly 30 separate instructional items listed for this particular skill area, and they include cassettes, worksheets, games, records, filmstrips and ditto masters. Since the listings contain such specific information as the publisher's name and page and lesson numbers, the teacher will have no trouble in

filling Andy's prescription.

He/she can also consult an additional resource put out by ECPC - a Game Guide, which tells how to construct and use teacher-made games for prescriptive work. There are more than 50 games included in the guide - 27 of them can be used to help kids master A-2.2.

Andy will be retested periodically during the year. The prescriptive work (and testing) will continue until his reading problems are cleared up. When Andy does enter second grade, though, it will be without the high-risk label and, very probably, without the specter of future failure looming over him.

Needless to say, a special program demands a special kind of classroom set-up. A special kind of classroom management, too.

A typical PERC classroom will have a group listening station, individual listening centers for specific lessons, independent work centers, a library center and a small group learning area. And a typical learning situation will have three groups of children, all working on basic reading instruction at the same time. While one group works directly with the teacher, a second group is engaged in individual and/or small group activities, and a third group is at the listening station, responding to stories which have been put on tape.

Simple enough. Except that the composition of the groups keeps changing - as the children's individual needs, in addition to a child's reading, depends on activities and needs, rather than on a child's reading abilities. All in all, it's one of those classroom management problems that can't be solved without a good record keeping system as to who goes where and when.